SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 421

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Lal	bor Party	
Name of Employer Retired Receipt For: 2008 ✓ Primary Other (specify) ▼ A	State Zip Code MN 55420-3487 C ccupation etired ggregate Year-to-Date ▼ 300.00	Date of Receipt M M A 2008 Transaction ID: C4853219 Amount of Each Receipt this Period 100.00
Name of Employer Struthers Parkinson?s Center	State Zip Code MN 55410-2217 C ccupation eseacher eggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer O Self H	State Zip Code MN 55410-1914 C C Ccupation omemaker ggregate Year-to-Date ▼ 250.00	Date of Receipt 09 16 2008 Transaction ID : C4862928 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only		850.00